



**COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE**

No. 2-314

Issue No. 2

Effective: 01/04/2006

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**PUBLIC HEALTH**

Approved:

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Subject: NOTICE OF PRIVACY PRACTICES (HIPAA)

**I. POLICY:**

Department of Public Health (DPH) Programs affected by the Health Insurance Portability and Accountability Act (HIPAA) shall provide their clients (individuals applying for or receiving DPH services) with a copy of the Notice of Privacy Practices (NOPP) on the date of their registration for services or their first service delivery date, whichever comes first.

**II. PURPOSE:**

The HIPAA Privacy Rule states that individuals have rights with respect to their Protected Health Information (PHI). The NOPP provides clients with information with respect to those rights and provides the covered program with a client acknowledgement form.

**III. PROGRAMS SHALL PROVIDE THE NOPP TO:**

- A. An adult client who is the subject of the PHI or a minor authorized under a program's applicable laws to independently consent to treatment.
- B. A parent or legal guardian on behalf of a minor child if he or she is not authorized under State law to independently consent to treatment.
- C. An individual's legal representative or next of kin if the individual is incapacitated or is deceased.

**IV. PROCEDURES:**

- A. Post English and Spanish versions of the NOPP
  1. In a prominent location where the client has access to and can reasonably read the NOPP.
  2. On any web site containing information about DPH health care services including the County's internet web site.
- B. Distribute the NOPP
  1. Ensure new clients receive the NOPP and have NOPP forms available for all clients.
  2. Make a good-faith effort to obtain the client's signature on the Acknowledgement of Receipt.
- C. Save and file the Acknowledgement of Receipt
  - File the "Acknowledgement" page in the client's chart.
- D. If the client refuses to sign the NOPP Acknowledgement of Receipt
  - Using the space provided in Section 2, explain why the client did not sign the Acknowledgement page.

**V. MISCELLANEOUS INFORMATION:**

A. Retention Timeline:

1. Signed and unsigned Acknowledgement pages shall be filed and retained for a period of three (3) years.
2. After three (3) years, a new Acknowledgement should be obtained from the Client and the old Acknowledgement page should be shredded and disposed of.

B. Special circumstances may apply if the client is:

1. Temporarily incapacitated or seen on an emergency basis. The NOPP may be held with other documents requiring the client's signature and signed later.
2. An inmate in a correctional facility. HIPAA-covered programs are not required to provide the NOPP to an inmate in a correctional facility.
3. Disabled. Staff may have to provide alternative forms of notification to clients. When providing alternative communication of the NOPP, the staff will document the form of communication at the end of Section 1 on the Acknowledgement form.

C. Programs acting as health plans – If a covered program acts as a Health Plan, the program shall notify all clients every three years of the availability of the NOPP and how to obtain a copy.

D. Separate Document - HIPAA covered programs shall not print other information on the NOPP in an effort to consolidate or combine documents.

E. Revisions - Whenever there is a material change to: 1) the uses or disclosures, 2) individual's rights, 3) the Department's legal duties, or 4) other privacy practices stated in the NOPP, programs shall distribute the NOPP within sixty (60) days to all individuals enrolled in or receiving services from a DPH HIPAA covered program.

**VI. REFERENCE:**

A. Forms

900.189.H13 Notice of Privacy Practices (English)

900.190.H13 Declaración De Las Practicas De Privacidad (Spanish)

900.191.H13 NOPP Acknowledgement of Receipt (English)

900.192.H13 Reconocimiento De Haber Recibido La Declaración De Las Practicas De Privacidad (Spanish)

B. Reference

1. Health Insurance Portability and Accountability Act, 45 Code of Federal Regulations (CFR) Parts 160 and 164
2. § 164.520 – Notice of privacy practices for Protected Health Information
3. For questions, call the HIPAA Information Line at (909) 387-6654 or e-mail at [hipaa@dph.sbcounty.gov](mailto:hipaa@dph.sbcounty.gov).